

110TH CONGRESS
1ST SESSION

H. R. 1163

To reduce childhood obesity, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 16, 2007

Mrs. LOWEY introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To reduce childhood obesity, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Stop Obesity in
5 Schools Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) It is estimated that 64.5 percent
9 (119,000,000) of American adults and 15 percent

1 (9,000,000) of American children are overweight or
2 obese.

3 (2) The prevalence of obesity among children
4 aged 6 to 11 more than doubled in the past 20
5 years, going from 7 percent in 1980 to 18.8 percent
6 in 2004. The rate among adolescents aged 12 to 19
7 more than tripled, increasing from 5 percent to 17.1
8 percent.

9 (3) An estimated 61 percent of overweight
10 young people have at least 1 additional risk factor
11 for heart disease, such as high cholesterol or high
12 blood pressure. In addition, children who are over-
13 weight are at greater risk for bone and joint prob-
14 lems, sleep apnea, and social and psychological prob-
15 lems such as stigmatization and poor self-esteem.

16 (4) According to the Department of Health and
17 Human Services, obesity-related illnesses cost this
18 nation approximately \$117,000,000,000 per year in
19 increased health care costs. This includes
20 \$61,000,000,000 in direct medical costs for treat-
21 ment of related diseases and \$56,000,000,000 in in-
22 direct costs such as lost productivity.

23 (5) A report released by Trust for America's
24 Health, entitled "F as in Fat: How Obesity Policies
25 are Failing in America", found that the United

1 States does not have an aggressive, coordinated na-
2 tional strategy needed to address this crisis.

3 **SEC. 3. NATIONAL STRATEGY TO REDUCE CHILDHOOD OBE-**
4 **SITY.**

5 The Secretary of Health and Human Services, in co-
6 operation with State and local governments, Federal agen-
7 cies, local educational agencies, health care providers, the
8 research community, and the private sector, shall develop
9 a national strategy to reduce childhood obesity in the
10 United States. Such strategy shall—

11 (1) provide for the reduction of childhood obe-
12 sity rates by 10 percent by the year 2011;

13 (2) address both short- and long-term solutions
14 to reducing the rates of childhood obesity in the
15 United States;

16 (3) identify how the Federal Government can
17 work effectively with State and local governments,
18 local educational agencies, health care providers, the
19 research community, the private sector, and other
20 entities as necessary to implement the strategy; and

21 (4) include measures to identify and overcome
22 all obstacles to achieving the goal of reducing child-
23 hood obesity in the United States.

1 **SEC. 4. GRANTS TO LOCAL EDUCATIONAL AGENCIES TO**
2 **ADOPT WELLNESS POLICIES AND ANTI-OBE-**
3 **SITY INITIATIVES.**

4 (a) GRANTS.—The Director of the Centers for Dis-
5 ease Control and Prevention shall make grants to local
6 educational agencies to reduce childhood obesity by adopt-
7 ing wellness policies and anti-obesity initiatives.

8 (b) USE OF FUNDS.—As a condition on the receipt
9 of a grant under this section, a local educational agency
10 shall agree to use the grant to reduce childhood obesity
11 by adopting wellness policies and anti-obesity initiatives,
12 which may include one or more of the following:

13 (1) Strategies to improve the nutritional value
14 of food served on school campuses.

15 (2) Innovative ways to incorporate nutrition
16 education into the curriculum from prekindergarten
17 through grade 12.

18 (3) Increased physical activity in during-and-
19 after-school activities.

20 (4) Any other measure that, in the determina-
21 tion of the Director, may provide a significant im-
22 provement in the health and wellness of children.

23 (c) COST SHARING.—As a condition on the receipt
24 of a grant under this section, a local educational agency
25 shall agree to pay, from funds derived from non-Federal

1 sources, not less than 25 percent of the costs of the activi-
2 ties carried out with the grant.

3 (d) APPLICATION.—To seek a grant under this sec-
4 tion, a local educational agency shall submit an application
5 to the Director at such time, in such manner, and con-
6 taining such information as the Director may require.

7 (e) ANNUAL ACCOUNTABILITY REPORT.—As a condi-
8 tion on the receipt of a grant under this section, a local
9 educational agency shall agree to submit an annual ac-
10 countability report to the Director. Each such report shall
11 include a description of the degree to which the agency,
12 in using grant funds, has made progress in reducing child-
13 hood obesity.

14 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
15 out this section, there is authorized to be appropriated
16 \$20,000,000 for each of fiscal years 2008 through 2011.

17 **SEC. 5. EVALUATION OF PROGRAMS FOR THE PREVENTION**
18 **OF OBESITY IN CHILDREN AND ADOLES-**
19 **CENTS.**

20 (a) IN GENERAL.—For the purpose described in sub-
21 section (b), the Director shall (directly or through grants
22 or contracts awarded to public or nonprofit private enti-
23 ties) arrange for the evaluation of a wide variety of exist-
24 ing programs designed in whole or in part to prevent obe-
25 sity in children and adolescents, including programs that

1 do not receive grants from the Federal Government for
2 operation.

3 (b) PURPOSE.—The purpose of the evaluation under
4 this section shall be to determine the following:

5 (1) The effectiveness of programs in reducing
6 obesity in children and adolescents.

7 (2) The factors contributing to the effectiveness
8 of the programs.

9 (3) The feasibility of replicating the programs
10 in other locations.

11 (c) REPORT.—Not later than 18 months after the
12 date of the enactment of this Act, the Director shall sub-
13 mit a report to the Congress on the results of the evalua-
14 tion under this section.

15 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
16 out this section, there is authorized to be appropriated
17 \$5,000,000 for each of fiscal years 2008 through 2011.

18 **SEC. 6. HEALTHY LIVING AND WELLNESS COORDINATING**
19 **COUNCILS.**

20 (a) GRANTS.—The Director shall make grants on a
21 competitive basis to State governments, local governments,
22 and consortia of local governments to reduce childhood
23 obesity through—

24 (1) establishing or expanding healthy living and
25 wellness coordinating councils; and

1 (2) supporting regional workshops.

2 (b) USES OF FUNDS.—As a condition on the receipt
3 of a grant under this section, an entity shall agree to use
4 the grant to carry out one or more of the following:

5 (1) Establishing a healthy living and wellness
6 coordinating council.

7 (2) Expanding the activities of a healthy living
8 and wellness coordinating council, including by im-
9 plementing State-based or region-wide activities that
10 will reduce the rates of childhood obesity.

11 (3) Supporting regional workshops designed to
12 permit educators, administrators, health care pro-
13 viders, and other relevant parties to share successful
14 research-based strategies for increasing healthy liv-
15 ing and reducing obesity in elementary and sec-
16 ondary schools.

17 (c) COUNCIL REQUIREMENTS.—In this section, the
18 term “healthy living and wellness coordinating council”
19 means an organization that—

20 (1) is charged by a State government, a local
21 government, or a consortium of local governments,
22 as applicable, to increase healthy living and reduce
23 obesity in elementary and secondary schools; and

24 (2) is composed of educators, administrators,
25 health care providers, and other relevant parties.

1 (d) COST SHARING.—As a condition on the receipt
 2 of a grant under this section, an entity shall agree to pay,
 3 from funds derived from non-Federal sources, not less
 4 than 25 percent of the costs of the activities carried out
 5 with the grant.

6 (e) ANNUAL ACCOUNTABILITY REPORT.—As a condi-
 7 tion on the receipt of a grant under this section, an entity
 8 shall agree to submit an annual accountability report to
 9 the Director. Each such report shall include a description
 10 of the degree to which the entity, in using grant funds,
 11 has made progress in increasing healthy living and reduc-
 12 ing obesity in elementary and secondary schools.

13 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
 14 out this section, there is authorized to be appropriated
 15 \$10,000,000 for each of fiscal years 2008 through 2011.

16 **SEC. 7. DEFINITIONS.**

17 In this Act:

18 (1) The term “Director” means the Director of
 19 the Centers for Disease Control and Prevention.

20 (2) The term “local educational agency” has
 21 the meaning given to that term in section 9101 of
 22 the Elementary and Secondary Education Act of
 23 1965 (20 U.S.C. 7801).

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